



DIVISION OF EARLY CHILDHOOD EDUCATION

**PRE-K ENHANCEMENT PROGRAM ASSISTANCE GRANT
QUARTERLY REPORT**

PLEASE SUBMIT ALL QUARTERLY REPORTS ATTN: AYO BRYANT AT AYO.BRYANT@DC.GOV

GENERAL INFORMATION

Organization Name:

Date:

Project Manager:

Reporting Period:

Phone Number:

Report Prepared By:

E-mail:

LANGUAGE ACCESS

The District of Columbia requires all grantees to provide information on all linguistically diverse populations served by their programs.

Supporting Information & Documentation

Please attach a copy of the:

☐ **Language Access Report**

PROGRAM INFORMATION

TYPE OF SUPPORT (CHECK ALL THAT APPLY): ☐ **ACCREDITATION** ☐ **INSTRUCTIONAL SUPPORT** ☐ **CURRICULUM**
☐ **FACILITIES IMPROVEMENT** ☐ **PARENTAL ENGAGEMENT**

SIGNIFICANT PROGRAM ACTIVITIES FOR QUARTER

Please fill in table with information highlighting significant program activities and describe how activities relate to the project's grant objectives. Please attach supporting documentation for all activities listed. Supporting documentation may include a calendar of activities for the current report period; brochures, flyers, and other related documents; and, pictures of new materials, facilities updates, additions, etc.

Activity 1:

Date:

Description:

Activity 2:

Date:

Description:

Activity 3:

Date:

Description:

Activity 4:

Date:

Description:

PROGRAM INFORMATION CONTINUED

SIGNIFICANT PROGRAMMATIC IMPACT

Please fill in table with information highlighting any significant issues that have had an impact on the program's ability to perform according to the grant agreement.

| |
|-------------------------------------------|
| Impact 1: Date: Description: |
| Impact 2: Date: Description: |

GOALS FOR NEXT QUARTER

Please fill in table with information highlighting the project goals for the next quarter.

| |
|--------------------------------|
| Goal 1: Description: |
| Goal 2: Description: |
| Goal 3: Description: |
| Goal 4: Description: |

FINANCIAL INFORMATION (FOR CURRENT REPORTING QUARTER)

Invoice Status

Date Invoice Submitted:

- ☐ Yes. Payment was received.
☐ No. Payment has not yet been received.

REQUIRED SIGNATURES

By affixing my signature below, I attest to the completeness, accuracy, and truthfulness of this report.

| | |
|----------------------------------------|---------------|
| _____ Project Manager (Required) | _____ Date |
| _____ Executive Director (Required) | _____ Date |